

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 10:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000030135

1. Corporation Name

YACHT ADVISORS, INC.

REINSTATEMENT

04-06

CR2E081 (12/05)

2. Principal Office Address
9400 S.W. 116 STREET
Suite, Apt. #, etc.

3. Mailing Office Address
9400 S.W. 116 STREET
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33176

Country
MIAMI DADE

Zip
33176

Country
MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida 03/14/2003

5. FEI Number Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS E. DIAZ, CPA

Street Address (P.O. Box Number is Not Acceptable)

4627 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code
33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12-5-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	LEONEL MARTINEZ, JR.	5831 S.W. 83 STREET	MIAMI, FL 33134
DVT	JORGE L. DEL ROSAL	9400 S.W. 116 STREET	MIAMI, FL 33176

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

12-5-06

(786) 395-1284